



OWNERSHIP INFORMATION **Continued for Prequalification Packet**

L-OIC
(01/2016)

LOCATION INFORMATION

1. Trade Name of Location

2. Location Address

City

County

State

Zip Code

OWNER INFORMATION

3. Type of Owner

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> City/County/University |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Joint Venture | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust | |

Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
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Last Name	First Name	MI	Title
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